

## CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	1.	COMMITTEE	<input checked="" type="checkbox"/>	LOBBYIST	1.		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <u>COM. to ELECT FIORE LEONE</u>										
STREET ADDRESS <u>1364 W. 32<sup>ND</sup> ST.</u>										
CITY <u>ERIE</u>			STATE <u>PA</u>		ZIP CODE <u>16508-2418</u>					
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION			
1. 6TH TUESDAY PRE-PRIMARY		<u>Co. Council</u>		<u>3</u>	<u>DEM</u>		MO. DAY YEAR <u>11 7 2017</u>			
2. 2ND FRIDAY PRE-PRIMARY										
3. 30 DAY POST-PRIMARY										
4. 6TH TUESDAY PRE-ELECTION										
5. 2ND FRIDAY PRE-ELECTION										
6. 30 DAY POST-ELECTION										
<input checked="" type="checkbox"/> ANNUAL REPORT										
		DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR		FOR OFFICE USE ONLY		
		<u>10 23 17</u> TO <u>12 31 17</u>								
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>3017.31</u>								
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>-0-</u>								
		AMENDMENT REPORT?		YES	<input checked="" type="checkbox"/> NO					
		TERMINATION REPORT?		YES	<input checked="" type="checkbox"/> NO					

## AFFIDAVIT SECTION

## PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
23<sup>rd</sup> DAY OF January 2018

Lana R. Wright NOTARIAL SEAL  
 LANA R. WRIGHT, NOTARY PUBLIC  
 MY COMMISSION EXPIRES ERIE COUNTY, PENNA.  
 MY COMMISSION EXPIRES ON MARCH 19 2018

Diane Leone  
 SIGNATURE OF PERSON SUBMITTING REPORT  
DIANE LEONE  
 PRINTED NAME  
814 864-6306  
 AREA CODE DAYTIME TELEPHONE NUMBER

## PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
23<sup>rd</sup> DAY OF January 2018

Lana R. Wright NOTARIAL SEAL  
 LANA R. WRIGHT, NOTARY PUBLIC  
 MY COMMISSION EXPIRES ERIE COUNTY, PENNA.  
 MY COMMISSION EXPIRES ON MARCH 19 2018

Fiore Leone  
 SIGNATURE OF CANDIDATE  
FIORE LEONE  
 PRINTED NAME  
814 864-6306  
 AREA CODE DAYTIME TELEPHONE NUMBER